

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Warrior PAC

ADDRESS (number and street)

1048 Irvine Ave

#506

Check if different
than previously
reported. (ACC)

Newport Beach

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00619445

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

20

2016

through

M M M / D D D / Y Y Y Y Y Y

11

28

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

San Luis, Robert, , ,

Type or Print Name of Treasurer

Signature of Treasurer

San Luis, Robert, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

05

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Warrior PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y
11		28		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2016</div></div>		<div><div></div><div>0.00</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>18202.81</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>73000.00</div></div>	<div><div></div><div>732700.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>91202.81</div></div>	<div><div></div><div>732700.00</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>89322.00</div></div>	<div><div></div><div>730819.19</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>1880.81</div></div>	<div><div></div><div>1880.81</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Warrior PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

73000.00

732600.00

(ii) Unitemized

0.00

100.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

73000.00

732700.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

73000.00

732700.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

73000.00

732700.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

73000.00

732700.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	894.79
(b) Other Federal Operating Expenditures	0.00	27655.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	28550.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	81022.00	693649.30
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	8300.00	8619.60
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	89322.00	730819.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	89322.00	729924.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	73000.00	732700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73000.00	732700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	27655.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	27655.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Warrior PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Birdwell, Gene, , ,

Mailing Address 9720 Derrington Road

City
Houston

State
TX

Zip Code
77064

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GR Birdwell Construction

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2016

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hillman, Tatnall, , ,

Mailing Address 504 West Bleeker Street

City
Aspen

State
CO

Zip Code
81611

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2016

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period

60000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Peavy, Patrick, , ,

Mailing Address 425 Ashley Ridge Boulevard

City
Shreveport

State
LA

Zip Code
71106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2016

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

63000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Warrior PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. San Luis, Robert, , ,

Mailing Address 1048 Irvine Ave
#506

City Irvine	State LA	Zip Code 70447
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2016

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10000.00

73000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Warrior PAC

Full Name (Last, First, Middle Initial)

A. GATORPAC LLC

Mailing Address 680 Windermere Crossing West

City
MadisonvilleState
LAZip Code
70447Purpose of Disbursement
Data Acquisition Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB29.4200

Amount of Each Disbursement this Period

8300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8300.00

TOTAL This Period (last page this line number only).....▶

8300.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Warrior PAC				FEC IDENTIFICATION NUMBER ▼ C C00619445	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Digital Triumph			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 02 / 2016		
Mailing Address 1048 Irvine Avenue Suite 506			Amount 13211.00		
City Newport Beach	State CA	Zip Code 92660	Transaction ID : SE.4157 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016		
Purpose of Expenditure Television Advertising			Category/Type 004		
Name of Federal Candidate: MANESS, ROBERT L COL. RET. , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 625838.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Digital Triumph			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 1048 Irvine Avenue Suite 506			Amount 9300.00		
City Newport Beach	State CA	Zip Code 92660	Transaction ID : SE.4172 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 03 / 2016		
Purpose of Expenditure Television Advertising			Category/Type 004		
Name of Federal Candidate: MANESS, ROBERT L COL. RET. , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 635138.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			22511.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
San Luis, Robert, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 05 / 2016	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Warrior PAC				FEC IDENTIFICATION NUMBER ▼ C C00619445	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Digital Triumph			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Mailing Address 1048 Irvine Avenue Suite 506			Amount 12602.00		
City Newport Beach	State CA	Zip Code 92660	Transaction ID : SE.4176		
Purpose of Expenditure Digital Adverting, Non Early Voters		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Name of Federal Candidate: MANESS, ROBERT L COL. RET, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>LA</u> <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 647740.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Digital Triumph			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Mailing Address 1048 Irvine Avenue Suite 506			Amount 12602.00		
City Newport Beach	State CA	Zip Code 92660	Transaction ID : SE.4179		
Purpose of Expenditure Digital Advertising, Non Early Voters		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016		
Name of Federal Candidate: HIGGINS, CAPTAIN CLAY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 12602.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			25204.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
San Luis, Robert, , , Signature			Date M M / D D / Y Y Y Y Y Y 12 / 05 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Warrior PAC				FEC IDENTIFICATION NUMBER ▼ C C00619445							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on M M / D D / Y Y Y Y Y Y											
Full Name of Payee <input type="checkbox"/> Memo Item Digital Triumph				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016							
Mailing Address 1048 Irvine Avenue Suite 506				Amount 12602.00							
City Newport Beach		State CA		Zip Code 92660							
Purpose of Expenditure Digital Advertising, Non Early Voters				Category/Type 004							
Name of Federal Candidate: BOUSTANY, CHARLES W JR DR, , ,				Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State:							
Calendar Year-To-Date Per Election for Office Sought 12602.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
Full Name of Payee <input type="checkbox"/> Memo Item Digital Triumph				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016							
Mailing Address 1048 Irvine Avenue Suite 506				Amount 12602.00							
City Newport Beach		State CA		Zip Code 92660							
Purpose of Expenditure Digital Advertising, Non Early Voters				Category/Type 004							
Name of Federal Candidate: ANGELLE, SCOTT MR., , ,				Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: LA							
Calendar Year-To-Date Per Election for Office Sought 25204.00				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ 25204.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 25204.00	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 	(a) TOTAL Independent Expenditures	▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 25204.00										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 										
(a) TOTAL Independent Expenditures	▶ 										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
San Luis, Robert, , , Signature				Date M M / D D / Y Y Y Y Y Y 12 / 05 / 2016							

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 12
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Warrior PAC				FEC IDENTIFICATION NUMBER ▼ C C00619445	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/>	
Full Name of Payee Digital Triumph			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/>
Mailing Address 1048 Irvine Avenue Suite 506			Amount <input style="width: 100px; border: 1px solid black;" type="text" value="8103.00"/>		Transaction ID : SE.4193
City Newport Beach	State CA	Zip Code 92660	Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/>		
Purpose of Expenditure Digital Targeted GOTV		Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value="004"/>			
Name of Federal Candidate: JOHNSON, MICHAEL, JAMES, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <input style="width: 30px; border: 1px solid black;" type="text" value="04"/> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input style="width: 30px; border: 1px solid black;" type="text" value="LA"/>
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px; border: 1px solid black;" type="text" value="8103.00"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/>
Mailing Address			Amount <input style="width: 100px; border: 1px solid black;" type="text" value=""/>		Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 40px; border: 1px solid black;" type="text" value="YYYY"/>
City	State	Zip Code			
Purpose of Expenditure		Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value=""/>			
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <input style="width: 30px; border: 1px solid black;" type="text" value=""/> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input style="width: 30px; border: 1px solid black;" type="text" value=""/>
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px; border: 1px solid black;" type="text" value=""/>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶		<input style="width: 100px; border: 1px solid black;" type="text" value="8103.00"/>
(a) SUBTOTAL of Unitemized Independent Expenditures			▶		<input style="width: 100px; border: 1px solid black;" type="text" value=""/>
(a) TOTAL Independent Expenditures			▶		<input style="width: 100px; border: 1px solid black;" type="text" value="81022.00"/>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
San Luis, Robert, , , Signature			[Electronically Filed]		Date <input style="width: 20px; border: 1px solid black;" type="text" value="12"/> <input style="width: 20px; border: 1px solid black;" type="text" value="05"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="2016"/>